

Mail your payment (payable to **BRSC**)

Kevin Vough
268 North Laurel Ct
Wind Gap PA 18091

Greek Peak requires RFID card to be pre printed upon arrival please fill out the following information:

- Name _____
- Birth Date _____
- Zip _____
- Phone Number _____
- Email _____

Release and Waiver of Liability:

I agree and understand that the Blue Ridge Ski Club (BRSC) its members and Board of Directors are not responsible for my safety or the safety of my family on this trip. I release the BRSC and its members from any liability for personal injury, death or property damage in connection with this trip. I accept personal responsibility for my actions and any damage that I may cause to other persons or properties. I am voluntarily participating in this trip at my own risk. I have read, understand and agree to the above statement.

I acknowledge that skiing and related activities are hazardous activities and that I made a voluntary choice to participate despite the risks.

Signature _____ date _____

Participant _____ print

Please return this page with your payment in full.